# Foster Family Home - Corrective Action Report

Provider ID:

1-594673

Home Name:

Divina Mapanao, CNA

Review ID:

1-594673-10

91-1643 Auwaha Street

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date:

1/7/2021

# **Foster Family Home**

### Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed CCFFH recertification. corrective action required to CTA within 30 days

## Foster Family Home

#### Personnel and Staffing

[11-800-41]

41.(b)(6)

Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

#### Comment:

41.b.6 wheelchair ramp does not appear to meet building codes. The incline is steep. CCFFH will get a 1 year certificate and will need to show proof that the wheelchair ramp to meets building code standards by the next inspection 41.(b)(6) Per DPP website, this single family home has 6 bedroom, but physical count of bedroom is 8 bedroom (2 downstairs and 5 upstairs) The structure of the home does not meet this description. Possibly additions have been made without a building permit. 2 upstairs bedrooms are renters with a wall dividing the upstairs, renters have an outside stairwell. Due to pandemic and possible State and County closures CCFFH will have 1 year to rectify

#### 3 Person Staffing

#### 3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff

Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

#### Comment:

(3P)(b)(1) CCFFH has not been using 3 person home Sign Out sheets since August 2020 to track the hours the PCG is out of the home. Unable to verify if CCFFH is using NA's and CNA's per rules.

#### **Foster Family Home**

#### **Fire Safety**

[11-800-46]

46.(a)

The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

#### Comment:

46.(a) No documentation of The CCFFH unannounced fire drills since October 2020

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Foster Fam	ily Home	Quality Assurance	[11-800-50]
50.(e) Comment:	The hou	me shall be subject to investigation by the unced and may include, but is not limited	department at any time. The investigation may be announced or to, one or more of the following:
50 (e) The C	CCFFH has a	gate at the sidewalk that lacks a con	nmunication method to the CCFFH for quick access into the

ily Home	Records	[11-800-54]	
Medication schedule checklist;			
Social V	vorker monitoring flow sheets, clien	vices through personal care or skilled nursing daily check list, RN and tobservation sheets, and significant events that may impact the life, in of services to the client, including but not limited to adverse events;	
	Medica Daily do social v	Medication schedule checklist;  Daily documentation of the provision of ser social worker monitoring flow sheets, clien	

Comment:

54.(c)(5) Several Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since 10/2020 for client # 1, 12/25/2020 for client # 2, and 12/20/2020 for client # 3

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